

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1		1				
2									
3									
4									
5									
6									
7									
8									
9		2		2					
10									
11									
12									
13									
14									
15									
16									
17									
18									
19					1				
20						1			
21							1		
22							1		
23							1		
24							1		
25								1	
26								1	
27									1
28									1
29									1
30									1
31									1
32									1
33									1
34									1
35									1
36									1
37									1
38									1
39									1
40									1
41									1
42									1
43									1
44									1
45									1
46									1
47									1
48									1
49									1
50									1
TOTAL IND.			1		2				
TOTAL DEP.			10		4				
TOTAL CLAIMS			10		4				